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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Pucket Number O7 439225		
		CLAIMS AS	FII FD	– PARTI						
CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL (SMALL ENTITY		OTHER THAN SMALL ENTITY		
FOR NUM			R FILED	IBMUN	ER EXTRA	RATE	555			
	IC FEE CFR 1.16(a))					Mare	FEE		RATE	FEE
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hid the ofference in column 1 is fess than zero, enter foliar column 2.						101AL) I Ük	101AL	
	J	entas Abrah	civilli	f Aft. 18				•		<u> </u>
12:	-1-05	(Column 1)		(Column 2)	(Column 3)	SMALL (ENTITY	OR		R THAN ENTITY
NT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
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		(Column 1)	<u> </u>	(Column 2)	(Column 3)					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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ΑŞ	FIRST PRESENT	TATION OF MULTIPLE	E DEPEND	ENT CLAIM (37 CF	FR 1.16(d))	+\$ =		OR OR	+s =	· · · · · · · · · · · · · · · · · · ·
						TQTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
-		(Column 1)	,	(Column 2)	(Column 3)					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	,	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
)ME	Total (37 CFR 1.16(c))	•	Minus	••	=	x \$ =	100	05	x \$ =	FEE
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AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+\$ =		OR	X \$=		
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		olumn 1 is less tha				3.	<u> </u>	OR	ADD'L FEE	
••	u the Highest I If the "Highest I	Number Previously Number Previously	Paid For	IN THIS SPACE IN THIS SPACE	es less than 20, o Is less than 3, en	enter "20". der "3".				

"" If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO. to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective November 10, 1998 09/439225 **CLAIMS AS FILED - PART I** OTHER THAN **SMALL ENTITY** (Column 1) SMALL ENTITY (Column 2) TYPE [OR **FOR NUMBER FILED NUMBER EXTRA** RATE RATE FEE FEE 760.00 **BASIC FEE** 380.00 OR **TOTAL CLAIMS** minus 20= 45 25 X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3 =8 X39= X78= 195.00 OR MULTIPLE DEPENDENT CLAIM PRESENT +130= +260= OR * If the difference in column 1 is less than zero, enter "0" in column 2 80000 TOTAL TOTAL OR **CLAIMS AS AMENDED - PART II OTHER THAN** SMALL ENTITY **SMALL ENTITY** OR (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL AMENDMENT **PREVIOUSLY** AFTER **EXTRA** FEE FEE **AMENDMENT** PAID FOR Total 4 Minus X\$ 9= X\$18= OR Independent Minus X39= X78= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= +260= OR TOTAL TOTAL OR ADDIT, FEE ADDIT. FEE 05 (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT TIONAL RATE RATE TIONAL ENT **AFTER PREVIOUSLY EXTRA AMENDMENT PAID FOR** FEE FEE ENDM Total 45 4 5 Minus X\$18= X\$ 9= OR Independent Minus ል X39= X78= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= +260= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE **6**≾ (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT AFTER** TIONAL AMENDMENT **PREVIOUSLY** EXTRA RATE RATE TIONAL AMENDMENT PAID FOR FEE FEE Total Minus ¥ 5 X\$ 9= X\$18= OR Independent Minus X39= X78= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +260= +130= OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.